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To provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 28, 2009

Mr. DODD (for himself, Mr. CORKER, and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Child Survival
5 Act of 2009”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) In 2000, the United States joined 188
2 countries in committing to achieve 8 Millennium De-
3 velopment Goals (MDGs) by 2015, including “MDG
4 4 (Reduce child mortality)”, which aims to reduce
5 the mortality rate of children under the age of 5 by
6 $\frac{2}{3}$.

7 (2) The significant commitment of the United
8 States to reducing child mortality in the developing
9 world contributed to a 25 percent reduction in the
10 mortality rate of children under the age of 5 be-
11 tween 1990 and 2006, and over the past 20 years,
12 the United States has invested over \$6,000,000,000
13 in child survival programs run by the United States
14 Agency for International Development (USAID). In
15 15 countries in Africa, Asia, and Latin America that
16 received assistance from USAID, under-5 mortality
17 declined by an average of 33 percent between 1996
18 and 2006 alone, with some countries achieving a re-
19 duction as high as 50 percent.

20 (3) According to one of the world’s leading
21 medical journals, the Lancet, despite United States
22 and global efforts to achieve MDG 4, of the 60
23 countries that account for 94 percent of under-5
24 child deaths, “only seven countries are on track to
25 meet MDG 4, thirty-nine countries are making some

1 progress, although they need to accelerate the speed,
2 and fourteen countries are cause for serious con-
3 cern”.

4 (4) 8,800,000 children under the age of 5 die
5 annually, more than 24,000 children per day, mostly
6 from preventable and treatable causes, including
7 4,000,000 newborns who die in the first 4 weeks of
8 life, according to UNICEF.

9 (5) Pneumonia, diarrhea, low birth weight, sep-
10 sis, birth trauma, and malaria, all of which are pre-
11 ventable and treatable diseases, are the top contribu-
12 tors of deaths of children under the age of 5.

13 (6) More than 3,000,000 children die each year
14 due to lack of access to low-cost antibiotics, oral re-
15 hydration therapy, and antimalarial drugs, and
16 2,500,000 die from diseases for which vaccines are
17 readily available.

18 (7) Nearly 1 of every 5 children die before the
19 age of 5, more than 2,000,000 deaths per year, in
20 the 10 countries with the highest child mortality
21 rates in the world: Sierra Leone, Afghanistan, Chad,
22 Equatorial Guinea, Guinea-Bissau, Mali, Burkina
23 Faso, Nigeria, Rwanda, and Burundi.

1 (8) Approximately 536,000 women die every
2 year, 99 percent of them in the developing world,
3 from causes related to pregnancy and childbirth.

4 (9) Maternal death rates are inextricably tied to
5 neonatal survival, with death rates for newborns in-
6 creasing by 100 percent in some countries in the de-
7 veloping world following maternal death.

8 (10) Risk factors for maternal death in devel-
9 oping countries include pregnancy and childbirth at
10 an early age, closely spaced births, infectious dis-
11 eases, malnutrition, and complications during child-
12 birth.

13 (11) According to the Lancet, nearly $\frac{2}{3}$ of an-
14 nual child and newborn deaths, or nearly 6,000,000
15 children under age 5, can be avoided in accordance
16 with MDG 4 if a package of high-impact, low-cost
17 interventions were made available, including oral re-
18 hydration therapy for diarrhea (\$0.54 per course of
19 treatment) and antibiotics to treat respiratory infec-
20 tions (\$0.71 per course of treatment).

21 (12) 2,000,000 lives could be saved annually by
22 providing oral rehydration therapy prepared with
23 clean water.

24 (13) According to the World Health Organiza-
25 tion (WHO), Ready to Use Therapeutic Foods

1 (RUTF) have proven to be safe, cost-effective and
2 highly effective in treating children with severe mal-
3 nutrition and in facilitating home-based, locally pro-
4 duced, care regimens. Furthermore, according to the
5 Journal of the American Medical Association
6 (JAMA), utilization of RUTF has shown promise in
7 preventing at-risk children from becoming malnour-
8 ished.

9 (14) Exclusive breast feeding—giving only
10 breast milk for the first 6 months of life—could pre-
11 vent an estimated 1,400,000 newborn and infant
12 deaths each year, primarily by protecting against di-
13 arrhea and pneumonia.

14 (15) Expansion of clinical care for newborns
15 and mothers, such as clean delivery by skilled at-
16 tendants, emergency obstetric care, and essential
17 newborn care (neonatal resuscitation, infection man-
18 agement, and special care for low weight newborns)
19 can avert 50 percent of newborn deaths and reduce
20 maternal mortality.

21 (16) Controlling intestinal worms will help pre-
22 vent 16,000,000 cases of mental retardation and
23 200,000,000 years of lost primary schooling among
24 children in developing countries.

1 (17) The United Nations Children’s Fund
2 (UNICEF), with support from the World Health Or-
3 ganization, the World Bank, and the African Union,
4 has successfully demonstrated the accelerated child
5 survival and development program in Senegal, Mali,
6 Benin, and Ghana, reducing mortality of children
7 under the age of 5 by 20 percent in targeted areas
8 using low-cost, high-impact interventions.

9 (18) The experiences of United States Govern-
10 ment-supported and nongovernmental organization
11 maternal and child health programs in countries
12 such as Nepal, Ethiopia, and Senegal have dem-
13 onstrated that community-based approaches, linked
14 to primary and referral care when possible, can de-
15 liver high-impact interventions to prevent or treat
16 many of the life-threatening conditions affecting
17 mothers, newborns, and children under the age of 5.

18 (19) On January 15, 2009, United States Per-
19 manent Representative to the United Nations Susan
20 Rice stated before the Committee on Foreign Rela-
21 tions of the Senate that President Barack Obama is
22 committed to “making the Millennium Development
23 Goals (MDGs) America’s goals.”.

24 (20) Nearing the halfway point of attaining the
25 MDGs by 2015 with thousands of avoidable newborn

1 and child deaths still occurring, the United States
2 will need to immediately scale up its funding and de-
3 livery of proven low-cost, life-saving interventions in
4 order to fulfill its commitment to help ensure that
5 MDG 4 is met.

6 (21) More than half of all children and preg-
7 nant women in developing countries suffer from ane-
8 mia, which is exacerbated by malaria, neglected
9 tropical diseases, and nutritional deficits, causing
10 adverse pregnancy outcomes and even death. Accord-
11 ing to the United States Agency for International
12 Development, hemorrhage, hypertensive disorders,
13 anemia, and sepsis account for 60 percent of all ma-
14 ternal deaths in the developing world.

15 (22) According to the World Bank, the number
16 of orphaned children is expected to rise to
17 35,000,000 by 2010 due to the legacy of AIDS and
18 other diseases, war, and high rates of death in preg-
19 nancy and childbirth.

20 (23) According to the World Health Organiza-
21 tion, women that have undergone female genital cut-
22 ting (FGC) are significantly more likely than those
23 without FGC to experience serious postpartum
24 health problems, and children born to mothers who
25 have undergone FGC face higher death rates imme-

1 diately after birth. According to the United Nations
2 Interagency Statement on Eliminating Female Gen-
3 ital Mutilation, programs that include education,
4 community involvement, public pledges and orga-
5 nized diffusion have been shown to bring about the
6 necessary consensus and coordination for the aban-
7 donment of female genital cutting at the community
8 level.

9 (24) According to the Director of National
10 Intelligence's (DNI) 2009 Annual Threat Assess-
11 ment, widespread poor maternal and child health
12 and malnutrition has the potential to weaken central
13 governments and empower non-state actors, includ-
14 ing terrorist and paramilitary groups.

15 (25) On March 27, 2009, Secretary of State
16 Hillary Clinton stated, "Countries with higher infant
17 mortality rates are more vulnerable to political up-
18 heaval."

19 (26) According to UNICEF, relatively inexpen-
20 sive healthcare interventions, such as immunization
21 programs, distribution of insecticide-treated bed
22 nets, and the utilization of micronutrient supple-
23 ments, have contributed to the lowest under-5 mor-
24 tality rate since records began in 1960.

25 (b) PURPOSES.—The purposes of this Act are—

1 (1) to develop a strategy to reduce mortality
2 and improve the health of newborns, children, and
3 mothers, and authorize assistance for its implemen-
4 tation; and

5 (2) to establish a task force to assess, monitor,
6 and evaluate the progress and contributions of rel-
7 evant departments and agencies of the United States
8 Government in achieving MDG 4.

9 **SEC. 3. ASSISTANCE TO IMPROVE THE HEALTH OF**
10 **NEWBORNS, CHILDREN, AND MOTHERS IN**
11 **DEVELOPING COUNTRIES.**

12 (a) IN GENERAL.—Chapter 1 of part I of the Foreign
13 Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amend-
14 ed—

15 (1) in section 102(b)(4)(B), by striking “reduc-
16 tion of infant mortality” and inserting “reduction of
17 newborn and child mortality”;

18 (2) in section 104(c)—

19 (A) by striking paragraphs (2) and (3);
20 and

21 (B) by redesignating paragraph (4) as
22 paragraph (2); and

23 (3) by inserting after section 104C the fol-
24 lowing new section:

1 **“SEC. 104D. ASSISTANCE TO REDUCE MORTALITY AND IM-**
2 **PROVE THE HEALTH OF NEWBORNS, CHIL-**
3 **DREN, AND MOTHERS.**

4 “(a) AUTHORIZATION.—Consistent with section
5 104(e), the President is authorized to furnish assistance,
6 on such terms and conditions as the President may deter-
7 mine, to reduce mortality and improve the health of
8 newborns, children, and mothers in developing countries
9 and to support efforts to strengthen systems needed to
10 build a continuum of maternal, newborn, and child health
11 services and link the formal health system with commu-
12 nities.

13 “(b) ACTIVITIES SUPPORTED.—Assistance provided
14 under subsection (a) shall, to the maximum extent prac-
15 ticable, include—

16 “(1) activities to improve essential newborn
17 care and treatment, including tetanus toxoid immu-
18 nization, breastfeeding, skin-to-skin care, birth as-
19 phyxia management, and treatment of infections;

20 “(2) activities to prevent and treat childhood ill-
21 ness, including increasing access to appropriate
22 treatment for diarrhea, pneumonia, malaria, and
23 other life-threatening childhood illnesses;

24 “(3) activities to improve child and maternal
25 nutrition, including the delivery of iron, zinc, vita-
26 min A, iodine, and other key micronutrients, the

1 promotion of breast feeding and appropriate com-
2 plementary feeding, and the utilization of Ready to
3 Use Therapeutic Foods (RUTF) to treat and pre-
4 vent severe childhood malnutrition that, to the ex-
5 tent practicable, are developed, purchased or pro-
6 duced in the country or region that they are utilized;

7 “(4) activities to strengthen the delivery of im-
8 munization services, including efforts to strengthen
9 routine immunization, introduce new vaccines, and
10 eliminate polio;

11 “(5) activities to improve birth preparedness,
12 maternity services, and recognition and treatment of
13 obstetric complications and disabilities, including
14 both near-term approaches such as household and
15 facility-based prevention and treatment of post-
16 partum hemorrhage as well as longer term invest-
17 ments in human and health system capabilities to
18 deliver emergency and comprehensive obstetric care;

19 “(6) activities to improve household-level behav-
20 ior related to safe water, hygiene, exposure to indoor
21 smoke, and environmental toxins such as lead;

22 “(7) activities to improve capacity for health
23 governance, health finance, and the health work-
24 force, including support for training clinicians,
25 nurses, technicians, sanitation and public health

1 workers, community-based health workers, midwives,
2 birth attendants, peer educators, volunteers, and pri-
3 vate sector enterprises;

4 “(8) activities to address antimicrobial resist-
5 ance in treating child and maternal health infec-
6 tions;

7 “(9) activities to establish and support the
8 management information systems of host country in-
9 stitutions and the development and use of tools and
10 models to collect, analyze, and disseminate informa-
11 tion related to newborn, child, and maternal health;

12 “(10) activities to develop and conduct needs
13 assessments, baseline studies, targeted evaluations,
14 or other information-gathering efforts for the design,
15 monitoring, and evaluation of newborn, child, and
16 maternal health efforts including—

17 “(A) studying the effects of critical medi-
18 cines, particularly those of importance in the
19 developing world, on pregnant women; and

20 “(B) studying the state of orphan care
21 services;

22 “(11) activities to integrate and coordinate as-
23 sistance provided under this section with existing
24 health programs for—

1 “(A) the prevention of the transmission of
2 HIV from mother-to-child and other HIV/AIDS
3 counseling, care, and treatment activities;

4 “(B) malaria;

5 “(C) tuberculosis;

6 “(D) child spacing;

7 “(E) counseling for new mothers and vic-
8 tims of sexual violence; and

9 “(F) neglected tropical diseases;

10 “(12) activities to support scholarships to edu-
11 cate girls through secondary education;

12 “(13) activities to improve orphan care services
13 and to support innovative orphan and vulnerable
14 children programs;

15 “(14) activities to end female genital cutting
16 through proven programs that combine empowering
17 human-rights based education, organized diffusion,
18 and public pledges for FGC abandonment;

19 “(15) activities to improve access to clean water
20 and improved sanitation through community-based
21 hygiene education programs, the use of personal
22 water purification tools and devices, and latrine con-
23 struction; and

1 “(16) activities to prevent, control, and in some
2 cases eliminate neglected tropical diseases for both
3 children and mothers.

4 “(c) GUIDELINES.—To the maximum extent prac-
5 ticable, programs, projects, and activities carried out using
6 assistance provided under this section shall be—

7 “(1) carried out through private and voluntary
8 organizations, including faith-based organizations,
9 and relevant international and multilateral organiza-
10 tions, including the GAVI Alliance and UNICEF,
11 that demonstrate effectiveness and commitment to
12 improving the health of newborns, children, and
13 mothers;

14 “(2) in all cases possible, carried out in the con-
15 text of country-led plans in whose development the
16 United States Government participates along with
17 other donors and multilateral organizations, non-
18 government organizations, and civil society;

19 “(3) carried out with input by beneficiaries and
20 other directly affected populations, especially women
21 and marginalized communities; and

22 “(4) designed to build the capacity of host
23 country governments and civil society organizations.

24 “(d) ANNUAL REPORT.—Not later than January 31,
25 2010, and annually thereafter for 4 years, the President

1 shall transmit to Congress a report on the implementation
2 of this section for the prior fiscal year. The report shall
3 include the most recent report submitted to the President
4 by the Interagency Task Force on Child Survival in Devel-
5 oping Countries under section 5(f) of the Global Child
6 Survival Act of 2009.

7 “(e) DEFINITIONS.—In this section:

8 “(1) AIDS.—The term ‘AIDS’ has the meaning
9 given the term in section 104A(g)(1) of this Act.

10 “(2) HIV.—The term ‘HIV’ has the meaning
11 given the term in section 104A(g)(2) of this Act.

12 “(3) HIV/AIDS.—The term ‘HIV/AIDS’ has
13 the meaning given the term in section 104A(g)(3) of
14 this Act.”.

15 (b) CONFORMING AMENDMENTS.—The Foreign As-
16 sistance Act of 1961 (22 U.S.C. 2151 et seq.) is amend-
17 ed—

18 (1) in section 104(c)(2) (as redesignated by
19 subsection (a)(1)(B) of this section), by striking
20 “and 104C” and inserting “104C, and 104D”;

21 (2) in section 104A—

22 (A) in subsection (c)(1), by inserting “and
23 section 104D” after “section 104(c)”; and

24 (B) in subsection (f), by striking “section
25 104(c), this section, section 104B, and section

1 104C” and inserting “section 104(c), this sec-
 2 tion, section 104B, section 104C, and section
 3 104D”;

4 (3) in subsection (c) of section 104B, by insert-
 5 ing “and section 104D” after “section 104(c)”;

6 (4) in subsection (c) of section 104C, by insert-
 7 ing “and section 104D” after “section 104(c)”; and

8 (5) in the first sentence of section 119(c), by
 9 striking “section 104(c)(2), relating to Child Sur-
 10 vival Fund” and inserting “section 104D”.

11 **SEC. 4. DEVELOPMENT OF STRATEGY TO REDUCE MOR-**
 12 **TALITY AND IMPROVE THE HEALTH OF**
 13 **NEWBORNS, CHILDREN, AND MOTHERS IN**
 14 **DEVELOPING COUNTRIES.**

15 (a) DEVELOPMENT OF STRATEGY.—The President
 16 shall develop and implement a comprehensive strategy to
 17 reduce mortality and improve the health of newborns, chil-
 18 dren, and mothers in developing countries.

19 (b) COMPONENTS.—The comprehensive United
 20 States Government strategy developed pursuant to sub-
 21 section (a) shall include the following:

22 (1) Using data compiled by the United Nations,
 23 the World Bank, and other international organiza-
 24 tions, an identification of not less than 40 countries
 25 with priority needs for the 5-year period beginning

1 on the date of the enactment of this Act, to in-
2 clude—

3 (A) the number and rate of neonatal
4 deaths;

5 (B) the number and rate of child deaths;
6 and

7 (C) the number and ratio of maternal
8 deaths.

9 (2) For each country identified in paragraph
10 (1)—

11 (A) an assessment of the most common
12 causes of newborn, child, and maternal mor-
13 tality;

14 (B) a description of the programmatic
15 areas and interventions providing maximum
16 health benefits to populations at risk and max-
17 imum reduction in mortality;

18 (C) an assessment of the investments need-
19 ed in identified programs and interventions to
20 achieve the greatest results;

21 (D) a description of how United States as-
22 sistance complements and leverages efforts by
23 other donors and builds capacity and self-suffi-
24 ciency among recipient countries; and

1 (E) a description of goals and objectives
2 for improving newborn, child, and maternal
3 health, including, to the extent feasible, objec-
4 tive and quantifiable indicators.

5 (3) An expansion of the Child Survival and
6 Health Grants Program of the United States Agency
7 for International Development, at least propor-
8 tionate to any increase in child and maternal health
9 assistance, to provide additional support programs
10 and interventions determined to be efficacious and
11 cost-effective.

12 (4) Enhanced coordination among relevant de-
13 partments and agencies of the United States Gov-
14 ernment engaged in activities to improve the health
15 and well-being of newborns, children, and mothers in
16 developing countries.

17 (5) A description of the measured or estimated
18 impact on child and maternal morbidity and mor-
19 tality of each project or program.

20 (c) REPORT.—Not later than 180 days after the date
21 of the enactment of this Act, the President shall transmit
22 to Congress a report that contains the strategy described
23 in this section.

1 **SEC. 5. INTERAGENCY TASK FORCE ON CHILD SURVIVAL IN**
2 **DEVELOPING COUNTRIES.**

3 (a) ESTABLISHMENT.—There is established a task
4 force to be known as the Interagency Task Force on Child
5 Survival in Developing Countries (in this section referred
6 to as the “Task Force”).

7 (b) DUTIES.—

8 (1) IN GENERAL.—The Task Force shall assess,
9 monitor, and evaluate the progress and contributions
10 of relevant departments and agencies of the United
11 States Government in achieving MDG 4 in devel-
12 oping countries, including by—

13 (A) identifying and evaluating programs
14 and interventions that directly or indirectly con-
15 tribute to the reduction of newborn, child, and
16 maternal mortality rates;

17 (B) assessing effectiveness of programs,
18 interventions, and strategies toward achieving
19 the maximum reduction of newborn, child, and
20 maternal mortality rates;

21 (C) assessing the level of coordination
22 among relevant departments and agencies of
23 the United States Government, the inter-
24 national community, international organiza-
25 tions, faith-based organizations, academic insti-

1 tutions, the private sector, and host country for
2 input and coordination;

3 (D) assessing the contributions made by
4 United States-funded programs toward achiev-
5 ing MDG 4;

6 (E) identifying the bilateral efforts of other
7 nations and multilateral efforts toward achiev-
8 ing MDG 4; and

9 (F) preparing the annual report required
10 by subsection (f).

11 (2) CONSULTATION.—To the maximum extent
12 practicable, the Task Force shall consult with indi-
13 viduals with expertise in the matters to be consid-
14 ered by the Task Force who are not officers or em-
15 ployees of the United States Government, including
16 representatives of United States-based nongovern-
17 mental organizations, the United Nations Children’s
18 Fund (UNICEF), the World Bank, relevant agencies
19 of foreign governments, academic institutions, and
20 private corporations.

21 (c) MEMBERSHIP.—

22 (1) NUMBER AND APPOINTMENT.—The Task
23 Force shall be composed of the following members:

24 (A) The Administrator of the United
25 States Agency for International Development.

1 (B) The Assistant Secretary of State for
2 Population, Refugees and Migration.

3 (C) The Coordinator of United States Gov-
4 ernment Activities to Combat HIV/AIDS Glob-
5 ally.

6 (D) The Director of the Office of Global
7 Health Affairs of the Department of Health
8 and Human Services.

9 (E) The Administrator of the Foreign Ag-
10 ricultural Service of the Department of Agri-
11 culture.

12 (F) The Chief Executive Officer of the Mil-
13 lennium Challenge Corporation.

14 (G) Other officials of relevant departments
15 and agencies of the Federal Government who
16 shall be appointed by the President.

17 (H) Two ex officio members appointed by
18 the Speaker of the House of Representatives in
19 consultation with the minority leader of the
20 House of Representatives who may be members
21 of the private sector or nongovernmental orga-
22 nization community.

23 (I) Two ex officio members appointed by
24 the majority leader of the Senate in consulta-
25 tion with the minority leader of the Senate who

1 may be members of the private sector or non-
2 governmental organization community.

3 (J) The Ambassador-at-Large for Global
4 Women’s Issues.

5 (2) CHAIRPERSON.—The Administrator of the
6 United States Agency for International Development
7 shall serve as chairperson of the Task Force.

8 (d) MEETINGS.—Members of the Task Force or their
9 designees shall meet on a regular basis, not less often than
10 quarterly, on a schedule to be agreed upon by the members
11 of the Task Force, and starting not later than 90 days
12 after the date of the enactment of this Act.

13 (e) DEFINITION.—In this subsection, the term “Mil-
14 lennium Development Goals” means the key development
15 objectives described in the United Nations Millennium
16 Declaration, as contained in United Nations General As-
17 sembly Resolution 55/2 (September 2000).

18 (f) REPORT.—Not later than 180 days after the date
19 of the enactment of this Act and annually thereafter for
20 4 years, the Task Force shall submit to the President a
21 report on the implementation of this section.

22 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

23 (a) IN GENERAL.—There are authorized to be appro-
24 priated to carry out this Act, and the amendments made
25 by this Act such sums as may be necessary for each of

1 fiscal years 2010 through 2014, including such sums as
2 may be necessary under the development assistance (DA)
3 account pursuant to section 104D(b)(14) of the Foreign
4 Assistance Act of 1961, as added by section 3(a)(2).

5 (b) AVAILABILITY OF FUNDS.—Amounts appro-
6 priated pursuant to the authorization of appropriations
7 under subsection (a) are authorized to remain available
8 until expended.

○